National Suicide Prevention Strategy

DRAFT

GOALS AND OBJECTIVES

Section I: Awareness

1. **Promote awareness that suicide is a public health problem that is preventable.**

2. **Develop broad-based support for suicide prevention.**

3. **Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.**

Section 2: Intervention

4. **Develop and implement suicide prevention programs.**

5. **Promote efforts to reduce access to lethal means and methods of self-harm.**

6. **Implement training for recognition of at-risk behavior and delivery of effective treatment.**

7. **Develop and promote effective clinical practices.**

8. **Increase access to and community linkages with behavioral health services.**

9. **Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.**

Section 3: Methodology

10. **Promote and support research on suicide and suicide prevention.**

11. **Improve and expand surveillance systems.**

Section I: Awareness

1. Promote awareness that suicide is a public health problem that is preventable.

Objective 1.1: By 2005, increase the number of States in which public information campaigns designed to increase public knowledge of suicide prevention reach at least 50% of the State's population.

Objective 1.2: By 2005, establish regular national congresses on suicide prevention designed to foster collaboration with stakeholders on prevention strategies across disciplines and with the public.

Objective 1.3: By 2005, convene four national forums to focus on issues likely to strongly influence the effectiveness of suicide prevention initiatives.

Objective 1.4: By 2005, increase the number of both public and private institutions active in suicide prevention that are involved in collaborative, complementary dissemination of information on the World Wide Web.

2. Develop broad-based support for suicide prevention.

Objective 2.1: By 2000, establish a Federal interagency committee to improve Federal coordination on suicide prevention, to help implement the National Suicide Prevention Strategy (NSPS), and to coordinate future revisions of the NSPS.

Objective 2.2: By 2002, establish public/private partnership(s) (e.g. a national coordinating body) with the purpose of advancing and coordinating the implementation of the NSPS.

Objective 2.3: By 2005, increase the number of national professional, voluntary, and other groups that integrate suicide prevention activities into their ongoing programs and activities.

Objective 2.4: By 2005, increase the number of nationally organized faith communities adopting institutional policies promoting suicide prevention.

3. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.

Objective 3.1: By 2005, increase the proportion of the general population that sees mental health care as an integral part of overall health care.

Objective 3.2: By 2005, increase the proportion of persons who have mental disorders associated with suicide who receive treatment for their illnesses. .

Section 2: Intervention

4. Develop and implement suicide prevention programs.

Objective 4.1: By 2005, increase the proportion of states with comprehensive suicide prevention plans that a) coordinate public health, mental health, and substance abuse programs and b) encourage and support plan development and implementation in its communities.

Objective 4.2: By 2005, increase the proportion of school districts with evidence-based programs designed to address adolescent distress and prevent suicide.

Objective 4.3: By 2005, increase the proportion of colleges and universities with evidence-based programs designed to address young adult distress and prevent suicide.

Objective 4.4: By 2005, increase the proportion of employers that ensure the availability of evidence-based prevention strategies for suicide.

Objective 4.5: By 2005, increase the proportion of correctional institutions, jails and detention centers housing either adult or juvenile offenders, with evidence-based suicide prevention programs.

Objective 4.6: By 2005, increase the proportion of State Aging Networks that have evidence-based suicide prevention programs designed to identify and refer for treatment elderly people at risk for suicidal behavior.

Objective 4.7: By 2005, develop regional training and technical resource centers that promote the implementation and evaluation of suicide prevention programs.

5. Promote efforts to reduce access to lethal means and methods of self-harm.

Objective 5.1: By 2005, increase the proportion of primary care and other health care providers who routinely assess the presence of lethal means (including firearms, drugs, and poisons) in the home and educate patients about actions to reduce associated risks.

Objective 5.2: By 2005, expose a proportion of households to public information campaign(s) designed to reduce the accessibility of lethal means, including firearms, in the home.

Objective 5.3: By 2005, develop and implement improved firearm safety technology.

Objective 5.4: By 2005, develop implementation guidelines for safer dispensing of lethal quantities of medications for individuals at heightened risk of suicide.

Objective 5.5: By 2005, implement standards for automobile exhaust systems that impede automobile exhaust mediated asphyxiation.

Objective 5.6: By 2005, institute incentives for the discovery of new technologies to prevent suicide.

6. Implement training for recognition of at-risk behavior and delivery of effective treatment.

Objective 6.1: By 2005, define minimum course objectives for providers of nursing care in assessment and management of suicide risk, and identification and promotion of protective factors. Incorporate this material into curricula for nursing care providers at all professional levels.

Objective 6.2: By 2005, increase the proportion of relevant medical residency programs that include training in the assessment and management of suicide risk and identification and promotion of protective factors.

Objective 6.3: By 2005, increase the proportion of clinical social work, counseling, and psychology graduate programs that include training in the assessment and management of suicide risk, and the identification and promotion of protective factors.

Objective 6.4: By 2005, increase the proportion of clergy who have received training in identification of and response to suicide risk and behaviors and the differentiation of mental disorders and faith crises.

Objective 6.5: By 2005, increase the proportion of teachers, school counselors, school psychologists, and mental health staff who have received training on identifying and responding to children and adolescents at risk for suicide.

Objective 6.6: By 2005, increase the proportion of correctional workers who have received training on identifying and responding to persons at risk for suicide.

Objective 6.7: By 2005, increase the proportion of EMTs and first responders (including law enforcement personnel) who have received training that addresses appropriate and sensitive treatment of suicide survivors.

Objective 6.8: By 2005, increase the proportion of states requiring divorce and family law and criminal defense attorneys to receive training in identifying and responding to persons at risk for suicide.

Objective 6.9: By 2005, increase the proportion of counties (or comparable jurisdictions) in which education programs are available to family members and others in close relationships with those at risk for suicide.

Objective 6.10: By 2005, increase the number of recertification or licensing programs in relevant professions that require or promote competencies in depression assessment and management and suicide prevention.

7. Develop and promote effective clinical practices.

Objective 7.1: By 2005, increase the proportion of hospital emergency departments that confirm patients treated for self-destructive behavior pursue the proposed mental health follow-up plan.

Objective 7.2: By 2005, develop guidelines for assessment of suicidal risk among persons receiving care in primary health care settings, emergency departments, and specialty mental health and substance abuse treatment centers.

Objective 7.3: By 2005, increase the proportion of specialty mental health and substance abuse treatment centers that have policies, procedures, and evaluation programs designed to assess suicide risk and intervene to reduce suicidal behaviors among their patients.

Objective 7.4: By 2005, develop guidelines for aftercare treatment programs for individuals exhibiting suicidal behavior (including those discharged from institutional settings). Implement these guidelines in these programs.

Objective 7.5: By 2005, increase the proportion of patients with mood disorders who complete a course of treatment and if indicated, continue maintenance treatment.

Objective 7.6: By 2005, increase the proportion of hospital emergency departments that routinely provide immediate post-trauma psychological support and mental health education for all victims of sexual assault and/or physical abuse.

Objective 7.7: By 2005, develop guidelines for providing education to family members and significant others of persons receiving care for the treatment of mental health and substance abuse disorders with risk of suicide. Implement the guidelines

in facilities (including general and mental hospitals and mental health clinics, and substance abuse treatment centers).

Objective 7.8: By 2005, incorporate screening for depression, substance abuse and suicide risk as a minimal standard of care for assessment in primary care settings and skilled nursing facilities for all Federally-supported healthcare programs (e.g., Medicaid, CHAMPUS/TRICARE, CHIP, Medicare).

Objective 7.9: By 2005, include screening for depression, substance abuse and suicide risk as measurable performance items in the Health Plan Employer Data and Information Set (HEDIS).

8. Increase access to and community linkages with behavioral health services.

Objective 8.1: By 2005, increase the proportion of counties (or comparable jurisdictions) with health and/or social services outreach programs for at-risk populations that incorporate mental health services and suicide prevention.

Objective 8.2: By 2005, define national guidelines for mental health (including substance abuse) screening and referral of students in middle school, high school and college. Implement these guidelines in school districts and colleges.

Objective 8.3: By 2005, develop guidelines for schools on appropriate linkages with mental health and substance abuse treatment services and implement the guidelines in schools districts.

Objective 8.4: By 2005, increase the proportion of school districts in which school-based clinics incorporate mental health and substance abuse assessment and management into their scope of activities.

Objective 8.5: By 2005, for adult and juvenile incarcerated populations, define national guidelines for mental health screening, assessment and treatment of suicidal individuals. Implement the guidelines in correctional institutions, jails and detention centers.

Objective 8.6: By 2005, define national guidelines for effective comprehensive support programs for persons who have survived the suicide of someone close. Increase the proportion of counties (or comparable jurisdictions) in which the guidelines are implemented.

Objective 8.7: By 2005, develop quality care/utilization management guidelines for effective response to suicidal risk or behavior and implement these guidelines in managed care and health insurance plans.

9. Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.

Objective 9.1: By 2005, establish an association of public and private organizations that influence practices in the media for the purpose of promoting the responsible representation of suicidal behaviors and mental illness on television and in movies.

Objective 9.2: By 2005, increase the proportion of TV programs and movies that observe recommended guidelines promoting responsible depiction of suicidal behavior and mental illness.

Objective 9.3: By 2005, increase the proportion of news reports on suicide that observe recommended reporting guidelines.

Objective 9.4: By 2005, increase the number of journalism schools that include in their curricula guidance on the portrayal and reporting of mental illness, suicide and suicidal behaviors.

Section 3: Methodology

10. Promote and support research on suicide and suicide prevention.

Objective 10.1: By 2002, develop a national suicide research agenda with input from survivors, practitioners, researchers, and advocates.

Objective 10.2: By 2005, increase funding (public and private) for suicide prevention research, for research on translating scientific knowledge into practice, and for training of researchers in suicidology.

Objective 10.3: By 2005, improve the evidence base for effective prevention and treatment of suicide as reflected in an increase in the proportion of reviews of research papers referenced in the Cochrane Library.

Objective 10.4: By 2005, perform scientific evaluation studies of new or existing suicide prevention interventions.*

**See also Objective 4.6 for an additional initiative to support evaluation of suicide prevention programs.*

11. Improve and expand surveillance systems.

Objective 11.1: By 2005, develop and refine standardized protocols for death scene investigations and implement these protocols in counties (or comparable jurisdictions)

Objective 11.2: By 2005, increase the proportion of jurisdictions that regularly complete follow-back studies on all completed suicides.

Objective 11.3: By 2005, increase the number of States that produce annual reports on suicide and suicide attempts, integrating data from multiple state data management systems.